

## **Abstract**

The Asian and Pacific Islander Child Care Task Force (APICCTF), comprised of Asian and Pacific Islander (A/PI) professionals in early childhood education, out-of-school time care, education and social services began meeting in 1996 to address the child care needs of A/PI children and families of King County, Washington.

The APICCTF conducted a Participatory Action Research Project, funded by the King County Child Care Program, to focus on formal/licensed child care for A/PI children. The task force developed interview tools; conducted focus groups with parents and individual interviews with child care directors/owners who either were Asian or Pacific Islander or served high numbers of A/PI children; analyzed data; and, at a community summit, determined an action agenda for the needs identified. Most of the focus groups were conducted either in the language of participants, or in English with interpreters. All interviews with providers, except one, were conducted in English. Focus groups and interviews were audio-taped and transcribed. The lead researcher organized the data into eight challenges: Euro-centric practice by providers; gaps between provider and parent perspectives; providers' desire to do well but lack of knowledge; lack of available training for working with A/PI families; language barriers; parents' reluctance/inability to voice needs related to culture; parents' and providers' lack of knowledge of and skills to support children's second-language acquisition and maintenance of their first language; and parents' need for written and translated information. At the community summit, audience members worked in small groups to make recommendations for addressing these challenges. These recommendations focused our future work in the following areas: program quality; systemic change; language; parents and families; and informal care.

## **Table of Contents**

Abstract

Asian and Pacific Islander Child Care Task Force Vision and Values Statements

History

Demographics

The Assessment

Reflection and Action

References

## Acknowledgments

### **Asian and Pacific Islander Child Care Task Force**

#### **Vision and Values Statements**

Adopted, April 1997

Revised, June 2000

#### **Vision**

A community of diverse families with respect and support for children to achieve their fullest potential.

#### **Values**

We believe that:

Cultural diversity is a strength.

Each child and family are valued for and proud of their culture, as it is part of who they are.

To support each child's full development, home culture, heritage and language are maintained and a second culture is introduced in a non-imposing manner. Each culture becomes integrated to become the child's culture.

Family is considered the primary resource and support to the child's development as well as to any early childhood and out-of-school time care program.

The teaching of undoing racism and all societal biases is essential for strong Asian and Pacific Islander children, youth, families and communities.

Each individual culture is a built-in component of our local, national and global community rather than a separate element to a "mainstream culture."

A quality care setting shares all the above values. It expects the best from Asian and Pacific Islander children and youth. It meets or exceeds each family's needs for safety, health, education and enrichment.

## History

In the mid-1990s, a group of Asian and Pacific Islander (A/PI) professionals associated from a variety of fields began to talk about the kind of care A/PI children were receiving. These professionals had ideas about what quality programs would look like – they would have food, languages, curriculum materials and activities that reflected children’s individual cultures. In their various interactions with child care homes, centers and out-of-school time programs, however, they saw that the cultures of A/PI children were not being supported in these multi-dimensional ways.<sup>1</sup>

A/PI children were not alone in this. Since 1990, the African American and Latino child care task forces have received funding from the King County Child Care Program to research the state of child care for their respective groups and found that few centers met children’s cultural needs.<sup>2</sup> From curriculum to food, language to values, the task forces found that most programs were not supportive of African American and Latino families’ cultures. As a result, the task forces found that African American and Latino children were not receiving quality care.

In 1996, the King County Child Care Program allocated funding for the formation of the A/PI Child Care Task Force. The task force was to assess formally the kind of care A/PI children were receiving in licensed programs and to obtain feedback from families regarding the type of care they want for their children. This report presents the findings of the assessment and provides strategies for improving the quality of care for A/PI children and youth.

The task force began with four A/PI colleagues representing five cultures. The group quickly grew to 25 members representing nine different ethnicities and eight languages, including English. Members worked in government agencies, colleges, child care centers, Head Start, resource and referral agencies and other social service organizations – all with a focus on helping to support families and caregivers. Members met regularly to discuss the issue of child care for A/PI families and created a vision and values statement. The statement served as a way to establish a common bond and purpose for diverse task force members; it also presented the general public with a strong message about the components necessary for A/PI children and youth to grow up healthy and strong in this country.

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<sup>1</sup> Asian/Pacific Islander Child Care Task Force archives.

In the United States, early childhood education and out-of-school time care have been carrying “an ethnocentric bias” in its theories and practice.<sup>3</sup> For example, the National Association for the Education of Young Children (NAEYC) published its 1987 “Position Statement on Developmentally Appropriate Practice in Early Childhood Program Serving Children From Birth Through Age 8” and used child development as the sole base for practice. Since then, developmentally appropriate practice became almost a national standard for early childhood education and out-of-school time care programs. Many programs would claim that they are “developmentally appropriate” for children.

This way of thinking created a myth: As long as it is developmentally appropriate, it is right for every child no matter what the child’s cultural and ethnic background is, what language the child speaks at home, nor how the child is acculturated at home. However, “the field of child development was built upon a predominance of studies conducted on white, middle-class American children.”<sup>4</sup> If child care practice is based on the theories generated from one cultural and socioeconomic group yet claim to be “appropriate” for all children, consider the effects on children who are not white, who are not middle class. Consider toilet training. According to Western developmentally appropriate practice, young children should be “trained” in a step-by-step manner to use the toilet starting when they are at least 18 months old. In many A/PI cultures, however, children indicate through their own cues when they are ready to use the toilet. Age has nothing to do with the process. Western child care providers consider children “toilet-trained” when they are able to go to the bathroom independently while A/PI families interpret this to mean that children know when they need to go but may need some assistance. Such a discrepancy between the care a child receives at home and the care at a program can cause tremendous stress and confusion for the child and family.<sup>5</sup>

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<sup>2</sup> The Lesbian and Gay Child Care Task Force also conducted its own study in 1999. Because it used a different research model, the findings are not comparable. However, the impetus for the study was similar; task force members felt children of lesbian and gay parents were not receiving culturally relevant care.

<sup>3</sup> R.S. New, “Culture, Child Development and Developmentally Appropriate Practice: Teachers as Collaborative Researchers,” *Diversity and Developmentally Appropriate Practices: Challenges for Early Childhood Education*, New York, 1994, p. 68.

<sup>4</sup> *ibid.*

<sup>5</sup> According to one parent interviewed during this assessment, her child was able to use the bathroom with help at home. The child care program she started to attend expected her to be able to go to the bathroom independently. When there were accidents, the provider contacted the parents and threatened to dismiss her from the program. Eventually, the child’s brother, who was also in the program, was assigned to help his young sister. Meanwhile, the young girl, who had no previous problems, started having trouble going to the bathroom at home. She used to feel

In NAEYC's revision of position statement, editor Sue Bredekamp wrote: "Among the differences between NAEYC's revised position statement and the 1987 version is the recognition now given to the role of cultural context in development and learning. The earlier statement was relatively silent on the issue, leading to justifiable criticism from individuals representing widely diverse perspectives....In fact, ignoring or misunderstanding the role of culture in children's development is a serious proposition and can lead to many different problems in practice."<sup>6</sup>

For professionals striving to meet the needs of an increasingly diverse population, the discussion around what is appropriate care and education for whom has resulted in the increased use of the terms multiculturalism, cultural relevance and anti-bias practice.

Cultural relevance: An approach to "teaching that uses student culture in order to maintain it and to transcend negative effects of the dominant culture. The negative effects are brought about, for example, by not seeing one's history, culture, or background in the textbook or curriculum or by seeing that history, culture or background distorted...Specifically, culturally relevant teaching is a pedagogy that empowers students intellectually, socially, emotionally and politically by using cultural referents to impart knowledge, skills and attitudes."<sup>7</sup>

Anti-bias: "An active/activist approach to challenging prejudice, stereotyping, bias and the 'isms.'"<sup>8</sup>

This report is concerned primarily with the ability of A/PI families to obtain high quality culturally relevant care for their children. As the A/PI population in King County continues to grow, it is critical for caregivers to create an educational environment in which the home culture is affirmed as an integral part of a child's identity. By addressing individual children's cultural needs as well as their emotional, physical and cognitive ones, providers can give the high quality care every child deserves.

## Demographics

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good about her ability to know when she needed to use the bathroom. After the accidents at the center, she began to feel depressed and frustrated.

<sup>6</sup> Sue Bredekamp and Carole Copple, eds., *Developmentally Appropriate Practice in Early Childhood Programs*, Washington, DC, NAEYC, 1997, p. 43.

<sup>7</sup> Gloria Ladson-Billings, *The Dreamkeepers: Successful Teachers of African American Children*, San Francisco, Jossey-Bass, 1994, pp. 17-18.

<sup>8</sup> Louise Derman-Sparks, et al, *Anti-Bias Curriculum: Tools for Empowering Young Children*, Washington, DC, NAEYC, 1989, p. 3.

“Asian/Pacific Islander” is a term used widely in American society for people whose origins cover one half of the globe from Pacific Ocean to the continent of Asia. The U.S. Census lists six individual groups under “Asian”: Chinese, Filipino, Japanese, Asian Indian, Korean, and Vietnamese. “ ‘Other Asian’ includes persons who provided a write-in response such as Bangladeshi, Cambodian, Indonesian, Laotian, Pakistani, Sri Lankan, Amerasian, or Eurasian.” Hawaiian, Samoan and Guamanian are listed under “Pacific Islander;” “ ‘Other Pacific Islander includes persons who provided write-in response of...Tahitian, Northern Mariana Islander, Palauan, Fijian or a cultural group such as Polynesian, Micronesian, or Melanesian.”<sup>9</sup> While many people of these origins may share some commonalties, each group has its distinctive history, culture and language. Americans of Asian or Pacific Islander descent have also been immigrating to the continental United States for the past 250 years. There are families who have been here for generations while others may have come here only very recently. The length of their time here has a considerable effect on their language, acculturation/assimilation. Although Asian/Pacific Islander is a social construct used by dominant society to lump all Asians and Pacific Islanders together, members of these groups often find a need to come together for political power. While acknowledging their differences, they work together to advocate for policies to end the institutional racism that affect all of them – so too with the members of this task force.

According to the most recent demographic data on the A/PI population, Nearly 80 percent of A/PI children live in King County and the Puget Sound Region, with most of them residing in Seattle, Bellevue and Federal Way.<sup>10</sup>

An estimated 159,000 A/PIs lived in King County in 1995<sup>11</sup>

A/PIs are the second fastest growing population in the state, increasing at about 6 percent every year from 1990 to 1995.<sup>12</sup>

In 1998, the estimated number of A/PI children ages 0-4 was 14,560; ages 5-9, 12,784; and 10-14, 13,295.<sup>13</sup>

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<sup>9</sup> U.S. Census Bureau: Race ([www.census.gov/CMS/www/html/meth\\_doc/datedef/race.htm](http://www.census.gov/CMS/www/html/meth_doc/datedef/race.htm)), June 13, 2000.

<sup>10</sup> *The Real Facts of Life for Children of Color in Washington State*, Univeristy of Washington Human Services Policy Center, et al, 2000, p. 12; A. Thatte, “Asians/Pacific Islanders in King County,” submitted to A/PI Child Care Task Force, 1996.

<sup>11</sup> Thatte, “A/PIs in King County.”

<sup>12</sup> *The Real Facts of Life*, p. 13; Thatte “A/PIs in King County.”

24 percent of the A/PI population in Washington live in households where the primary language is not English. Of the A/PIs who immigrated to the U.S. more than five years ago, 46 percent live in households where the primary language is not English.<sup>14</sup>

Despite these numbers, A/PI children usually make up only a small percentage of the children in individual programs because A/PI families are not concentrated in geographic neighborhoods.<sup>15</sup>

## **The Assessment**

### **Methodology**

The A/PI Child Care Task Force employed a Participatory Action Research methodology for this community needs assessment. Participatory Action Research is a methodology that aims to “produce knowledge and action directly useful to a group of people – through research, adult education, and sociopolitical action” and to “empower people at a second and deeper level through the process of constructing and using their own knowledge.”<sup>16</sup> The task force members, who are all from Asian and Pacific Islander communities and had experience with children, youth and families through professional and/or personal experience, were also the peer researchers and the lead researcher.

- Task force members collectively developed survey instruments that were culturally appropriate to their communities.
- The lead researcher trained all peer researchers on conducting one-on-one interviews and facilitating focus groups for data collection.
- Nine focus groups were conducted with 38 parents, 37 of whom did not have English as their first language. All focus groups were audio-taped. Some were conducted in the primary language of participants; some were conducted in English with interpreters. Task force members contacted child care programs with Asian families and existing groups of A/PIs attending classes or support groups in order to identify focus group participants, who were

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<sup>13</sup> U.S. Census Bureau: Population Estimates for Counties by Age, Race, Sex, and Hispanic Origin: Annual Time Series July 1, 1990 to July 1, 1998, ([www.census.gov/population/estimates/county/casrh/casrh53.txt](http://www.census.gov/population/estimates/county/casrh/casrh53.txt)), Setp. 15, 1999.

<sup>14</sup> *The Real Facts of Life*, p. 13.

<sup>15</sup> Thatte, “A/PIs in King County.”

<sup>16</sup> P. Reason, “Three Approaches to Participative Inquiry,” *Handbook of Qualitative Research*, Thousand Oaks, Calif., 1994, p.328.

paid \$30 in child care subsidies for their involvement. (See Appendix for focus group questions.)

- Interviews were conducted with 18 child care directors or owners of family home cares at their businesses. Task force members selected these providers by reviewing county and city subsidy lists and identifying which programs had A/PI directors/owners or served A/PI children and youth. Those interviewed were paid \$20 for their participation in two-hour interviews. (See Appendix for interview questions.)

### **Findings: Parent Focus Groups**

The majority of the parents participating in the focus groups are first-generation immigrants or refugees.<sup>17</sup> About half of these parents had lived in the States for more than 10 years. The shortest U.S. residence was a couple of months and the longest was over 20 years. These parents' language backgrounds include 11 Asian languages and dialects.<sup>18</sup> About 66% of the participants were not receiving any public assistance. Because we did not ask specific questions about families' income levels, we inferred that of those who don't use public assistance, some may be financially secure and others may need assistance but are not aware of how to access them. While the parent participants were from a wide range of income levels and length of residence in the United States, we have found consistent responses from the parent survey.

### **More than 50% of the parents have family members or friends care for their children while they are at work or school rather than enroll their children in "formal care."<sup>19</sup>**

- To the question "How did you decide to use this arrangement?," the most frequent response from parents was "trust" of family, friends or neighbors. The next two reasons for this choice were "money" and "familiar environment to children."
- For children with special needs, parents also liked the flexibility their relatives had in caring for the children. One parent whose child has special needs stated that her child had

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<sup>17</sup> The terms immigrant and refugee used in this report means someone who was born and spent some years in a different country(ies) before she/he settled in the United States.

<sup>18</sup> Laotian, Hmong, and Mien (the languages spoken by people from Laos); Cambodian; Tongan; Samoan; Vietnamese; Korean; and Mandarin, Cantonese and Toishanese (Chinese dialects).

<sup>19</sup> When parents have their relatives or friends care for their children, it is often called "informal," "kith and kin" or "family, friends and neighbor" care. "Formal care" refers to licensed child care/school-age care programs that are housed in a home setting, school, church or community center and accept children up to age 12. It also refers to preschools (morning or afternoon programs for 3-5 year olds), HeadStart (early childhood education for 3-5 year olds funded by the federal government for low-income families), and ECEAP (Early Childhood Education and Assistance Program for 3-5 year olds that is – broadly speaking – Washington state's version of HeadStart).



some developmental issues and still needed to be fed during meals. A child care center would/could not accommodate her child's needs.

- The top reasons for their satisfaction using informal care were “familiar environment” and “nurturing environment given by the caregiver.”
- To the question “What resources or support do you feel would help your children learn and grow better when your [family or friends] are taking care of your children?,” parents indicated they wanted the caregiver to 1) support their children's education (e.g. reading, writing, math and communication skills) and 2) receive training on nutrition/safety and educational materials.

### **Fewer than 50% of parents interviewed used “formal” child care.**

- The top reasons for families choosing child care or preschool were: 1) provider is Asian/understands children, speaks children's language; 2) the center provides social service assistance; 3) the center teaches basic self-care skills; and 4) the family needs the care provided to children.
- The top reasons for parents' satisfaction in this type of arrangement were 1) “comfort level”; 2) “the program has Asian teacher.”
- The top area that parents want improved in formal child care is language support for the parents/grandparents who do not speak English so they can communicate with providers when they come to the program. They also want more well-trained A/PI teachers in programs.
- Two specific areas of dissatisfaction, though with low counts of response, are “teacher is not kind” and “negative comments made to children.”

### **What do parents look for in a formal child care program?**

The most frequent answers were: 1) nurturing environment; 2) children are well cared for; 3) good educational program; and 4) staff from the same culture who understands family. While these qualities are commonly expressed by parents across different cultures, we interpreted that these were qualities parents thought they could realistically look for.

### **What do parents really want in a formal child care program?**

To ascertain what parents really wanted in child care, we asked parents: “If you were going to set up your own child care, what would you include?” Their answers, listed according to the frequencies of the same answer, were:

- 1) teachers from the same culture who are bilingual/bicultural
- 2) variety of ethnic foods served, including the type of food children eat at home
- 3) teachers who are knowledgeable about children's background, have multicultural awareness
- 4) teachers who treat children with respect and are patient
- 5) nurturing environment that encourages family involvement
- 6) safe and clean environment
- 7) big classroom space with play area and adequate toys
- 8) program reflects family's culture through culturally relevant materials including books, traditional clothes, maps, stories
- 9) curriculum that emphasizes reading and writing skills
- 10) presence of other A/PI children in the classroom
- 11) transportation is provided
- 12) program is based in community, within short distance from family
- 13) teachers communicate with parents with respect
- 14) teachers have good work environment (have breaks, higher wages)
- 15) teachers exhibit and encourage creativity
- 16) bilingual health care provided by public health nurse

The top five reasons for identifying these components were:

- 1) They want the same cultural practice at child care as at home
- 2) They want their children to be understood
- 3) They want to help children keep their identity and feel proud of who they are
- 4) They want children to become bicultural (i.e. develop home culture as well as develop American culture)
- 5) They want A/PI staff/management so they could be role models for the children

### **What kinds of information do parents need regarding child care?**

Parents said they want help finding a quality childcare; assessing child care to ensure that it would meet their needs; and advocating their child care needs to providers. Most would also like to have the information written or translated into their language.

### **Analysis of Parent Focus Groups**

Among the diverse A/PI immigrant and refugee parents we surveyed, they consistently expressed a set of desirable child care qualities: an environment that was culturally relevant and supported their children's bicultural and bilingual development. The different responses to the questions "What important qualities do you look for in child care" and "If you were going to set up your own child care, what would you include" reveal that parents do not consciously voice their needs, especially those related to their culture.

The informal care that is so widely used among A/PI parents is not part of the system of support to which licensed care belongs. Licensed programs have access to public health nurses, family support workers and regularly receive information about training opportunities and scholarships. Providers of informal care do not have support to make the quality improvements desired by the families they serve.

### **Findings: Provider Interviews**

Through purposeful sampling,<sup>20</sup> task force members chose directors of licensed child care centers, HeadStart, ECEAP and before- and after-school care programs, as well as owners of licensed family child care programs to interview for this assessment. The interviews included questions in four areas: program demographics; program/staff information; cultural and language issues; parenting issues; and access issues. There are about 2,200 licensed family child care and child care centers in King County. Of the 1615 family child care providers only 36 self-identified as Asian or Pacific Islander; we interviewed three of them. The statistic source could not trace the A/PI staff who worked in a center program.<sup>21</sup>

### **What do providers think an ideal child care environment for A/PI children would look like?**

- Only one out of the 18 providers identified components of an ideal child care environment for A/PI children similar to what parents identified in their "dream" child care. This provider was Asian.
- Many responses focused on the classroom materials, activities and food, such as having some posters on the wall, having culturally related activities.

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<sup>20</sup> W.L. Goodwin and L.D. Goodwin, *Understanding Quantitative and Qualitative Research in Early Childhood Education*, New York, Teachers College Press, 1996.

<sup>21</sup> CareFinder database, Child Care Resources, 1998.

- Few providers responded that having staff who understand the culture of A/PI children and youth would be part of an ideal environment. Some responded that it should be a transitional place for the children from home culture to American culture.
- Some providers think an ideal environment for A/PI children should not be any different than the one for everybody, “as long as we are developmentally appropriate.”
- Most providers believe they are already offering an ideal environment.

**What aspects of this ideal environment are they able to provide to A/PI children and their families?**

- About 83 percent of the providers provided meals to children. About half of this group included some Asian food in their menu, such as rice, noodles and stir-fry vegetables. The providers who are Asian themselves named more specific and home-made type of items such as kim-chee, tofu, sea weed, and soy-boiled egg.
- Half of the providers displayed pictures or artifacts in the classroom to create an environment that reflects children’s cultural backgrounds.
- One-third of the providers said they needed more assistance on learning how to create an environment reflective of the children’s cultures.

**What barriers have providers encountered in trying to address A/PI children’s needs?**

- The most frequent responses given by providers were: 1) their or their staff’s lack of understanding of other cultures; 2) their staff being monolingual; and 3) the lack of funds supporting improvement in cultural relevance.
- One HeadStart program expressed that regulations prevented her from serving Asian food because certain items, such as tofu, were not listed in the U.S. Department of Agriculture’s (USDA) Meal Pattern Requirements.<sup>22</sup>
- For the participants who did not think that the environment should be any different from any other ethnic group, they saw no barriers.

**Do providers think that A/PI children have specific needs?**

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<sup>22</sup> HeadStart and other child care programs participate in the USDA Child and Adult Care Food Program, which provides reimbursements for food expenses. Participating programs, however, must follow the Meal Pattern Requirements in order to receive reimbursements.

- Only a couple of providers who are Asian themselves described children's needs as multi-dimensional, which included having culturally relevant activities, materials and food, being taught by bilingual/bicultural staff, and receiving support as they form their identities.
- Other providers identified children's needs of feeling accepted and having the freedom to communicate in home language. Some providers saw children's need to learn English.

#### **How do providers meet A/PI children's specific needs?**

- Approximately one-third of the providers said they did not offer any activities that reflected A/PI children's particular background. They explained that they lacked the knowledge or access to information in order to do this.
- One-third celebrated Asian holidays, cooked A/PI food or conducted art projects to reflect children's culture. The remaining third used plays, stories, videotapes or had children bring pictures from home.
- What the providers said about their ability to meet these needs were very consistent to what they believed to be the needs.

#### **What kinds of trainings have providers received on working with A/PI children, youth and families?**

- Only one of 18 providers received specific training regarding working with this population.
- Almost all the participants said that it was not difficult to access training on general early childhood education and child care. Some of them received training regarding anti-bias practices, cultural diversity and family diversity issues.
- One Asian provider expressed the frustration of finding training for her staff in their home language.
- The participants named a wide range of topics that they would like to receive in working with A/PI children and families:
  - a) Meeting the specific needs of A/PI families
  - b) Addressing language barriers and improving parent-child-teacher communications
  - c) Foreign-language skills for monolingual staff
  - d) Cultural sensitivity/cultural differences
  - e) Anti-bias practices

- f) Conflicts between “developmentally appropriate practice” and cultural relevance, such as toilet training
- g) Different learning styles

**What language to providers use when speaking to children? Do providers find value in supporting the home language of A/PI children?<sup>23</sup>**

- About the half of the providers interviewed spoke only English to children, the other half sometimes spoke some Asian languages to children, depending on the languages spoken by staff.
- While one-quarter of the providers said that they found value in supporting children’s home language, only those who were A/PI or had staff with A/PI cultural and language backgrounds could articulate some concrete strategies for doing this. A/PI staff use computer software to teach different language characters; speak to children and their parents in home language; use flashcards with simple words from A/PI languages so all children could learn words; have music, books and other materials available in home language.
- Most were only able to describe a few strategies for supporting the home language. A few said they did not know what to do.

**Have there been any incidents among children that is related to racial or cultural bias?**

**When these incidents occur, what are ways staff intervene?**

- Over 80% of the providers indicated that there were no incidents of racial or cultural bias in their programs; some particularly said that it was not an issue with Asian/Pacific Islander children.
- Some said that starting from four-years-old, children have insulting/bullying behaviors with each other, but it was not necessarily related to race or culture.
- Some providers said they dealt with conflict between young people by helping them talk through their differences; teaching them steps to do this themselves; having group discussions/activities that teach respect.

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<sup>23</sup> A couple of providers said that the Asian parents they worked with really wanted their children to learn English. This may be explained by the fact that these providers were serving A/PI parents who were sent by their home countries to receive training at two local corporations. They usually stayed in this country from six months to two years and then went back to their country. Because the family is only staying in this country temporarily, the parents probably regard child care a place where their children can pick up some English skills while they stay here. Since it is only a temporary stay, losing home language and culture will not be a major concern of these parents.

- A couple of providers thought that if racial incidents ever happened, it should be ignored so as not to reinforce such behavior, just like how they would deal with other negative behaviors.

**What language(s) is/are used for written materials sent home to families? What language(s) is/are used in parent meetings of functions?**

- 88 percent of the programs' enrollment application materials were only in English. 66 percent used only English in their school functions and the written materials sent home.
- 28 percent used some Asian languages to communicate with parents. One program that had bilingual staff used only verbal communication with parents.

**What are providers' expectations of parents? What kinds of questions do parents ask providers about the program, particularly regarding language usage? How do providers support parents in understanding how children learn a second language and the importance of the home language?**

- Over 80% of the providers seek out information from parents as resources for culturally relevant activities/environment.
- 72 percent of the programs said parents never asked about language issues when inquiring about program information.
- About half of the providers said they encouraged parents to speak their first language at home with children.
- Staff at two programs learned key words in the children's home language as children learned English.
- About two-thirds of the programs offered no support to parents on advocating for bilingualism. A few programs helped parents by informing them of or accompanying them to their children's Individualized Education Plan meetings and connecting them to public health nurses or other community resources.

**Analysis of Provider Interviews**

Because we intentionally sought out A/PI providers or programs that served A/PI children, it is reasonable to assume that the 18 providers interviewed had relatively more experience with and awareness of these children's needs as compared with other providers. The providers who are

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Asian or Pacific Islander articulated knowledge that most closely related to the needs that parents identified. They seemed to have the most necessary cultural and language competence to meet A/PI children's needs. Unfortunately, considering the small number of A/PIs in early childhood education and out-of-school time care, they are the least available to A/PI families. The one HeadStart and one ECEAP staff also articulated more knowledge in meeting the needs of A/PI children and had more bilingual staff. This may be due to their respective federal and state funding, which provides them more access to training and requires the program to have culture and language components. Because these programs have eligibility requirements, they are available only to low-income families. The programs that articulated the least awareness and expressed the most need in help are those most available to families.

One disturbing sentiment expressed in providers' responses was when there were very few A/PI youth in the program, their cultural needs were "not an issue." This implies that A/PI children remain invisible. This is probably a reality for most A/PI children because they typically do not account for a large percentage of a program's enrollment. (Again, this is because A/PIs are spread out in different geographic neighborhoods and they account for 10 percent of the total county population). This point of view is alarming and contradicts the belief in the child care profession that we strive to meet every individual child's needs.

### **Reflection and Action**

Preliminary report findings were presented at a community summit January 1999 for parents who participated in the focus groups as well as those who weren't part of the assessment; providers who were interviewed as well as those who serve A/PI children; government agency officials; and funders. After hearing the findings, the 80 people in attendance gave input on whether there were missing points and what should be done to address the issues raised by the report. Community members believe that the following should be accomplished in order to ensure quality care for A/PI children, youth and families.

### **Program Quality**

There is a gap between what parents want from a program and what providers see they should offer. Providers, often trained from a Euro-centric approach, focus primarily on meeting



children's developmental needs without acknowledging the role that culture, acculturation and language play in development. Parents want a nurturing learning environment, one that is similar to a child's home environment in terms of food, culture, language and values.

Goal: Increase the cultural relevance of all programs so that children get appropriate support in their individual intellectual, social, emotional and cultural development.

Objectives:

Training institutions/intermediary organizations should:

- Present training on how to provide culturally relevant services to Asian and Pacific Islander families to directors, staff and family child care owners. Training would include how to seek cultural information from parents through interviews or observations of child/parent interactions.
- Provide networking opportunities for parents and educators of A/PI children so relationships can be established and educators can learn about a specific cultural group's needs.
- Educate providers about the differences cultural relevance and anti-bias practices.
- Increase the number of qualified bilingual or bicultural A/PI trainers through active recruitment and mentoring.

Providers should:

- Increase their understanding about internalized racial superiority and oppression and how these affect their own practices.
- Increase the number of qualified bilingual or bicultural A/PI providers and trainers through active recruitment and mentoring.

### **Systemic Change**

While providers want to meet the needs of all children, they often face barriers to achieving this goal. They get mixed messages regarding culturally relevant practices. Training is unavailable or unaffordable. Requirements and regulations they must follow prevent them from meeting cultural needs.

Goal: Eliminate the institutional racism of systems connected to early childhood education and out-of-school time care.

Objectives:

Government agencies/policymakers should:

- Change regulations, such as USDA Meal Pattern Requirements, to be inclusive and culturally relevant.
- Consider A/PI perspectives are considered when creating new policies and allocating funding.
- Incorporate standards for culturally based competence and practices into Dept. of Social and Human Services' licensing requirements (e.g. orientation, on-going required trainings).

Training institutions/intermediary organizations should:

- Present training on how to provide culturally relevant services to Asian and Pacific Islander families to licensors, trainers, assessors and public health nurses.
- Work with communities to create standards for culturally based competence and practices and make these a component of existing educational programs (e.g. early childhood education certificated programs, community workshops).
- Ensure that all trainings – regardless of topic area – address cultural relevancy in philosophy or approach.
- Ensure that scholarships are being awarded and training information is being given to providers who serve A/PI children and their families.

## **Language**

Language is not only a form of communication; it is also a component of cultural identity.

Immigrants and refugees who have limited-English proficiency are alienated from engagement because translated written materials are not made available and neither are interpreters. This prevents them from effectively advocating for their children and from contributing to the program.

Children whose home language is not English face difficult challenges in acculturation. Their home language and culture must not be sacrificed in order to learn English; to impose dominant culture at the expense of their home culture would have devastating effects on their self-esteem, identity and other aspects of their development.

Goals: Increase communication between limited English speaking parents and agencies that provide different family services. Support children's whole development by supporting children's home language and culture while introducing a second language and culture.

Objectives:

Government agencies/policymakers should:

- Establish language bank for child care providers to access translation and interpreter services, using public and private funding.
- Provide written and translated information about various family services (e.g. child care, subsidies, health, housing) and distribute at places frequented by specific cultural groups (e.g. clinics, community centers, cultural fairs, places of worship).

Training institutions/intermediary organizations should:

- Provide training to directors and staff on the language limitations of parents and how to develop strategies for bridging the communication gap.
- Provide training to directors and staff on how to support bilingualism through the way the environment is created (e.g. posters, books and signs in different languages) and the way staff relate with youth and parents (e.g. encourage use of home language, learn key words and phrases in the languages of children represented in program).

Providers should:

- Search for and obtain private and public funding for translations.
- Identify partnerships and maximize existing resources to meet translation needs (e.g. contracting with community-based cultural organizations; bartering with parents for reduced program fees).

## **Parents and Families**

Because of a variety of factors, including internalized racial oppression, parents do not voice their needs, especially those related to culture. Their inability to do so has tremendous effects on their children's health, education and development.

Goal: Parents will feel supported and know how to voice their needs, especially as it relates to culture.

Funders and government agencies/policymakers:

- Fund and support culturally relevant parent conferences that address advocacy and empowerment.
- Fund and support culturally specific parenting classes and parent networks in local communities.
- Fund and support family/community advocate positions for different ethnic communities.

### **Informal Care**

The majority of A/PI families use family and friends to care for their children. Because this “informal care” is not connected to the kinds of institutions that support “formal care,” family and friends do not get support for improving the quality of care they provide children.

Goal: Address the needs and improve the quality of informal care.

Government agencies/policymakers should:

- Conduct assessment focusing specifically on informal care<sup>24</sup>

Training institutions/intermediary organizations:

- Facilitate and support small networks of family-and-friends providers with culturally relevant training and resources on child development, quality care and parenting.

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